

Clinical Structure and Psychocorrection of Psychoemotional Disorders in Patients with Hypothyroidism

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Abstract This article is about the formation of the structure of developed psychoemotional disorders in patients with hypothyroidism and the provision of effective medical and psychological assistance.

Keywords Hypothyroidism, Anxiety, Depression, Psychocorrection

1. Introduction

Today, the number of somatic diseases in our region is increasing year by year, according to WHO data, about 200 million of the world's population suffer from thyroid diseases, and it was found that the majority of these indicators are patients with hypothyroidism and thyrotoxicosis. According to the data, the incidence of hypothyroidism, i.e. thyroid hormone deficiency, is 0.2-2.0% to 4.6-9.5% of patients compared to the general population. According to the data, the incidence of hypothyroidism, i.e. thyroid hormone deficiency, is 0.2-2.0% to 4.6-9.5% of patients compared to the general population.. Some data have shown that the incidence of hypothyroidism increases with biological age, and the prevalence of hypothyroidism in older women is 12-21%, the most common type of hypothyroidism among them is subclinical hypothyroidism, with an age- and sex-dependent incidence of 1.2%. -15%, and at the same time, it is diagnosed 3-10 times more often in women than in men. The second most common thyroid disease is thyrotoxicosis, which is a diffuse toxic increase in thyroid hormone levels in patients with a prevalence of 2.7% in women and 0.2% in men. It is clear from the above indicators that hypothyroidism and thyrotoxicosis are the leading diseases among thyroid gland diseases [1,2]. This, in turn, shows that it is one of the factors that indicate the relevance of the topic. One of the second relevant aspects of the issue is the clinical course of both pathologies in patients, in addition to somatic and vegetative disorders, patients with these diseases suffer from mental problems that have the highest impact on the course of the disease, because whether the patient has hypothyroidism or thyrotoxicosis patients have psychoemotional problems against the background of thyroid hormone imbalance. and cognitive disorders such as anxiety, depression, asthenia, memory and attention deficits develop. The development of

such psychological problems does not fail to affect the quality of life of patients, which is one of the factors that indicate the need for not only therapeutic, but also medical-psychological support for patients [3,4,5,6].

The Purpose. Determining the level of anxiety-depressive and anxiety-phobic disorders in patients with hypothyroidism and conducting psychocorrection.

2. Material and Methods

Among our 66 patients diagnosed with hypothyroidism (39+1.1), who came to the private clinic of Alfa-med service with psychoemotional disorders, the somatic condition of our patients when they came to the clinic for treatment, is studied based on their complaints, anamnesis, objective and subjective, paraclinical data. A special medical-psychological questionnaire was used to assess the mental status of our patients. When assessing the type and degree of psychoemotional disorders in patients, the following psychometric tests were used as a basis in our work:

In order to determine the structure of developed anxiety-depressive and anxiety-phobic disorders in our patients, HADS and the AP-express questionnaire for the detection of anxiety-phobic disorders were used.

In our study, psychocorrection of psychoemotional disorders was carried out by dividing patients into two groups:

Our patients in the first main (n=33) group were treated with basic treatment + cognitive-behavioral psychotherapy, and in the 2nd comparison group (n=33) with basic treatment + rational psychotherapy for 2 months in an outpatient setting. The resulting analyzes were statistically analyzed as follows.

Rational psychotherapy and cognitive-behavioral psychotherapy were selected from the psychotherapeutic methods performed on patients, the distribution of our patients was as follows: (Table 1)

Table 1

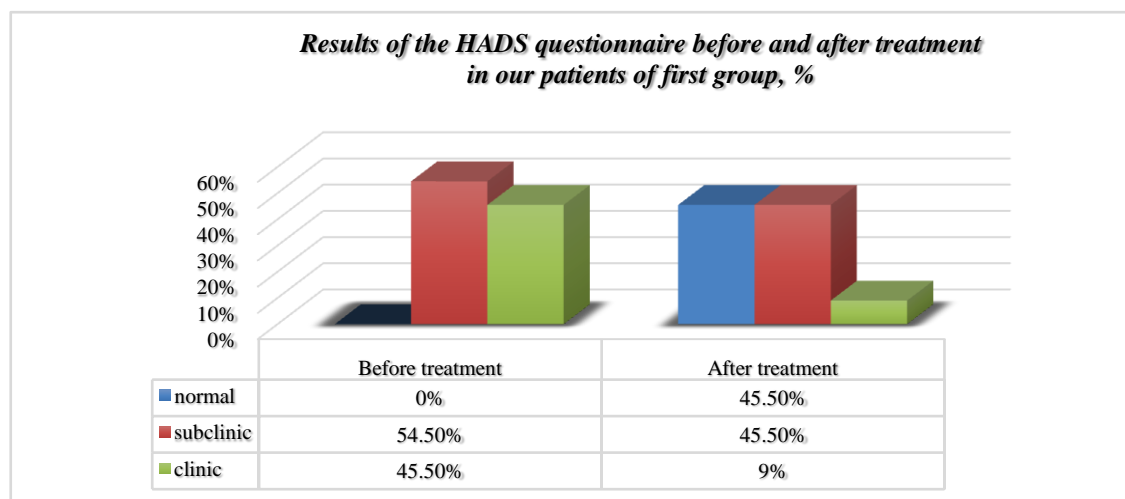
| | The first group | | The second group | | Total | |
|-----|-----------------|------|------------------|------|--------|------|
| | abc | % | abc | % | abc | % |
| F | 21 | 63,6 | 20 | 60,6 | 41 | 62,1 |
| M | 12 | 36,4 | 13 | 39,4 | 22 | 37,9 |
| Age | 39,0+0,9 | | 39,1+1,0 | | 39+1,1 | |

According to it, 12 (36.4%) of our patients in the first group were men, 21 (63.6%) were women, their average age

was 39.0+0.9, 20 (60.6) of patients in the second group 2%) were men, 13 (39.4%) were women, their average age was 39+1.1.

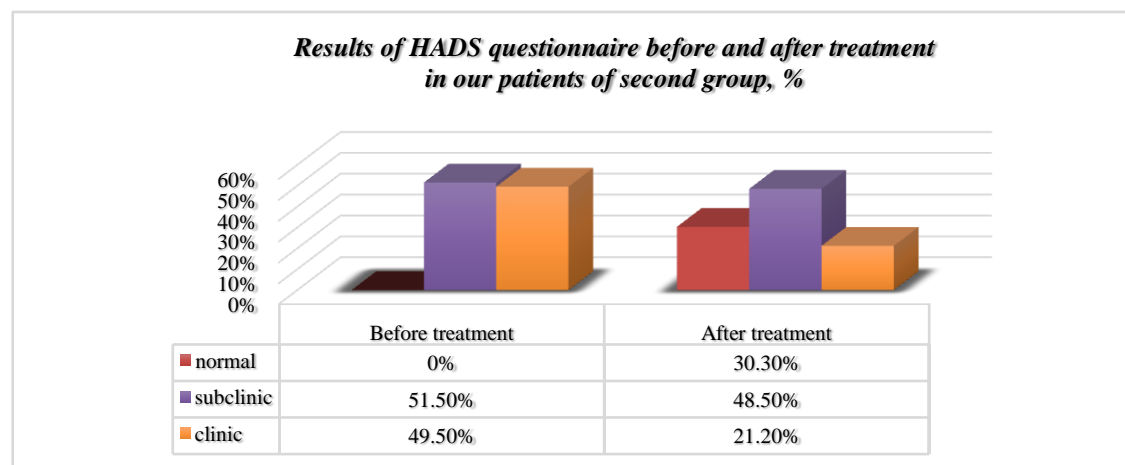
3. Results

When the indicators of psychometric tests conducted in our patients were analyzed statistically before and after treatment, the following results were formed:

**Figure 1**

According to it, of our patients in the main group (n=33), 54.5% (n=18) had subclinical type (8+1.4), 45.5% (n=15) had high (11+1.7) level, it was found that there were anxiety-depressive disorders ($p>0.05$), the results after the correction, after cognitive-behavioral psychotherapy, these

indicators (n=33), 45.5% (n=15) were of normal or mild type (5+1.4), in 45.5% (n=15) it was found to be subclinical (8+1.2), in 9% (n=3) it decreased to a high (11+1.0) level ($p<0.05$), the second and in our group of patients, these indicators had the following appearance,

**Figure 2**

Of our patients (n=33), 51.5% (n=17) had subclinical type (8+1.5), 49.5% (n=16) had high (11+1.0) anxiety-depressive disorders was found to be present ($p>0.05$), the results of correction after rational psychotherapy showed that 30.3% (n=10) of our patients (n=33) had normal or mild type (5+1.2),

48.5% In (n=16) it was found to be of subclinical type (8+1.0), in 21.2% (n=3) it decreased to high (11+1.2) level ($p<0.05$), иккинчи When analyzing the AP-express questionnaire for the detection of anxiety-phobic disorders, which is our psychometric test, the results were found to be as follows.

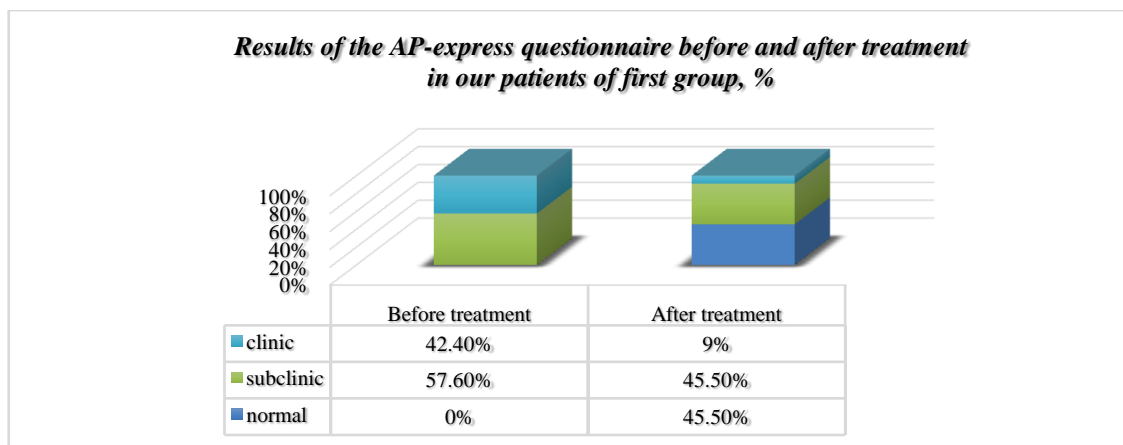


Figure 3

In our main group of patients (n=33), AP-express questionnaire was analyzed before and after treatment, according to which 57.6% (n=19) had subclinical type (9+1.5), 42.4% (n= 14) high (16+1.7) level of air-phobic disorders were detected, after cognitive-behavioral

psychotherapy conducted in our main group patients (n=33), 45.5% (n=15) had normal or mild type (6+1.2), in 45.5% (n=15) it was found to be subclinical (10+1.1), in 9% (n=3) it was reduced to high (16+1.0), the second comparison In our group, the analysis of these indicators looked like this:

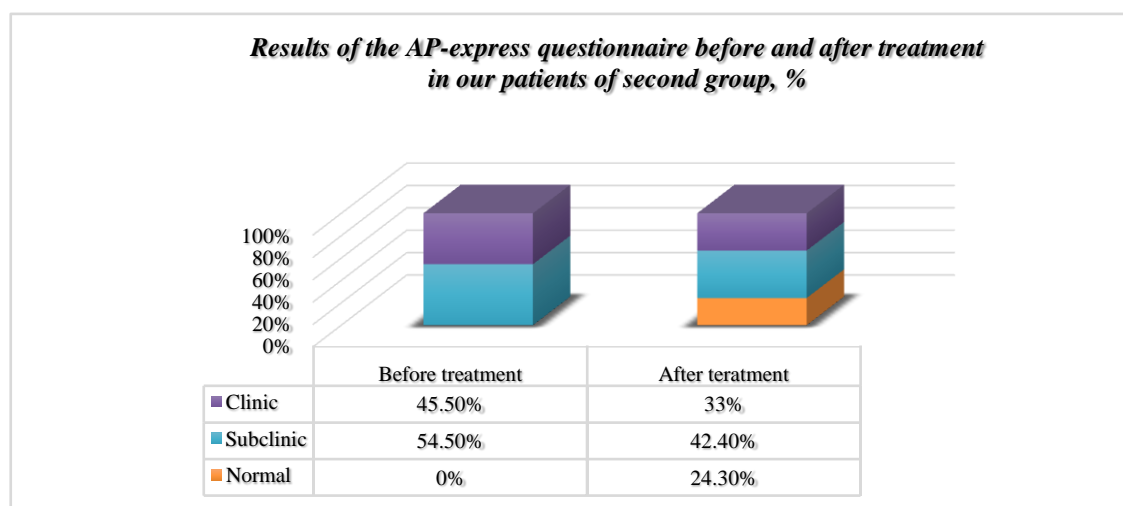


Figure 4

The results of psychometric tests conducted in the comparison group (n=33) showed that pre-treatment indicators were subclinical (10+1.1) in 54.5% (n=18) of our patients, high in 45.5% (n=15) (16+1.0) was found to have anxiety-phobic disorders ($p>0.05$), when analyzing the results after correction through rational psychotherapy, 24.2% (n=8) of our patients (n=33) were normal or mild type (7+0.9), 42.4% (n=14) of subclinical type (10+1.3), 33.3% (n=11) of high (16+1.1) aerophobia-phobic disorders was found to exist. Based on the results obtained, it should be said that the analysis of the pre-correction indicators of the structure of anxiety-depressive and anxiety-phobic disorders in both groups of patients showed that our patients had subclinical and high clinical levels of these disorders, and the difference was not statistically significant ($p>0.05$), the indicators after treatment measures and showed that the level of depression, anxiety and phobia decreased with a significant difference in our patients in the main group

compared to our patients in the comparison group ($p<0.05$).

4. Conclusions

Based on the obtained analysis, we should say that timely psychometric analysis of the mental state of patients with somatic diseases allows early identification of the mental factors that have the greatest influence on the course of the disease, and in turn, timely medical and psychological correction together with therapeutic processes, patients not only affects the quality of life, but also affects the development of dangerous complications in them. In our study, the cognitive-behavioral psychotherapy conducted in patients with hypothyroidism, compared to rational psychotherapy, improved the mental state of patients and significantly reduced their depressive, anxiety, and phobic disorders. It was proven during our observations leading to the level of efficiency.

REFERENCES

- [1] Синицына, Ю.В. Гипотиреоз и депрессия / Ю.В. Синицына // Перспективы развития современной медицины. Сборник научных трудов по итогам международной научно-практической конференции. - Воронеж, 2014. - С.148-150.
- [2] Синицына, Ю.В. Показатели тревожности у пациентов с субклиническим гипотиреозом / Ю.В. Синицына // Фундаментальная наука и клиническая медицина - Человек и его здоровье. Тезисы XVIII Международной медико-биологической конференции молодых исследователей, посвященной двадцатилетию медицинского факультета СНБГУ. - СПб, 2015. - Т. 18. - С.493.
- [3] Ibodullaev B. B. Structure and correction of psychoemotional disorders in patients with second type of diabetes // Asian Journal of Multidimensional Research. – 2021. – Т. 10. – №. 9. – С. 227-230.
- [4] Ибадуллаев Б. Б. Қандлидиабетнинг иккинчи тип билан касалланган беморларда психоэмоционал бузилишларни коррекция қилишда психотерапиянинг роли // Журнал неврологии и нейрохирургических исследований. – 2022. – Т. 3. – №. 6.
- [5] Ибадуллаев Б. Б. Қандлидиабет иккинчи тип билан касалланган беморларда ривожланган ҳавотирли бузилишлар психокоррекцияси // Academic research in educational sciences. – 2021. – Т. 2. – №. 6. – С. 1107-1112.
- [6] Smulevich A.B. Depressii pri somaticheskikh i psichicheskikh zabolevaniyakh [Depression at somatic and psychic diseases]. Moscow: MIA; 2003.